

STATE OF NEW JERSEY  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS TO PROVIDE  
SUPPORTIVE HOUSING SERVICES  
FOR MENTAL HEALTH CONSUMERS  
AT RISK OF HOSPITALIZATION AND HOMELESSNESS

September 26, 2011

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services

## **Table of Contents**

|                        |   |    |
|------------------------|---|----|
| I                      | Introduction .....  | 3  |
| II                     | Background .....  | 3  |
| III                    | Purpose of Request .....  | 3  |
| IV                     | Target Population .....   | 4  |
| V                      | Service Outcome Requirements .....  | 5  |
| VI                     | Housing Model and Supportive Housing Approach .....                               | 6  |
| VII                    | Allowable Housing-Related Costs .....   | 6  |
| VIII                   | Funding Availability .....  | 6  |
| IX                     | Provider Qualifications .....   | 7  |
| X                      | Clustering, and Fiscal Consequences Related to Performance .....                  | 8  |
| XI                     | Requirements for Submission .....   | 8  |
| XII                    | Budget Requirements .....   | 11 |
| XIII                   | Mandatory Bidders' Conference .....   | 12 |
| XIV                    | Submission of Proposal .....  | 13 |
| XV                     | Review of Proposal and Notification of Preliminary Award .....                    | 13 |
| XVI                    | Appeal of Award Decisions .....   | 14 |
| <br><u>Attachments</u> |   |    |
|                        | Cover Sheet .....   | 15 |
|                        | Attachment B (Addendum to RFP for Social Service and Training Contracts) .....    | 16 |
|                        | Attachment C (Statement of Assurances) .....                                      | 17 |
|                        | Attachment D (Certification Regarding Debarment, Suspension, Ineligibility) ..... | 19 |

**STATE OF NEW JERSEY  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**Request for Proposals to Provide Supportive Housing Services for  
Mental Health Consumers who are at Risk for Hospitalization and Homelessness**

**September 26, 2011**

**I. Introduction**

In order to reduce unnecessary admissions to New Jersey's state psychiatric hospitals, the Division of Mental Health and Addiction Services plans to create new supportive housing opportunities for mental health consumers currently in the community who are at imminent risk of hospitalization and homelessness. This plan is consistent with the Division's Olmstead Settlement Agreement and complements the Division's Wellness and Recovery Transformation Plan, which serves to guide the Division's efforts to improve access to recovery-oriented community based supports and services.

**II. Background**

A significant number of patients in State psychiatric hospitals have histories of homelessness or of existing in tenuous living conditions. Such unstable living situations contribute to untreated mental illness, substance abuse and other medical conditions. Homeless consumers cycle in and out of acute care services and, because of the lack of stable living arrangements, are unable to benefit from treatment that would otherwise support their recovery process. Moreover, homelessness contributes to unnecessary extended hospital stays.

For persons experiencing frequent homelessness, dangerous or unsafe housing conditions, supportive housing can promote stability, wellness and recovery, continuity of services and supportive relationships. Services are intended to address the individual needs of consumers who may require varying degrees of support in the transition to stable housing. In so doing, the consumer is assisted in maintaining permanency in their housing. These services often obviate the need to relocate consumers due to fluctuations in status by adjusting service intensity to address their needs, thereby facilitating increased permanence in their living arrangements.

**III. Purpose of the Request**

The Division of Mental Health and Addiction Services seeks proposals to provide supportive housing for 50 adults diagnosed with a serious and persistent mental illness

whose homelessness or risk of homelessness places them at risk of psychiatric hospitalization.

The development of supportive housing opportunities for individuals with mental illness is intended to promote: housing stability; engagement with mental health services and primary healthcare; community inclusion; and wellness and recovery. As a result of these opportunities, reliance on and use of acute care services is expected to diminish as the proposed program meets the needs of individuals that can be effectively addressed in a preventative and on-going manner.

Annualized funding of up to \$978,571 is available through this announcement to create housing opportunities for 50 individuals statewide. Selected projects should anticipate serving more than one specific county, based upon identified eligible consumers. Projects may be prioritized in areas of greatest need. Counties with the largest anticipated homeless populations include Essex, Middlesex, Union, Mercer, Camden, Hudson, Atlantic, and Passaic. Counties with the largest volume of admissions to State hospitals include Ocean, Mercer, Union, Middlesex, Somerset, Morris, Monmouth, and Atlantic.

Eligible consumers will be identified by primary referral sources including (but not limited too) Integrated Case Management Services (ICMS), Designated Screening Services (DSSs), Early Intervention Support Services, Intensive Outpatient Treatment and Support Services (IOTSS), Projects for Assistance in Transition from Homelessness (PATH), and Short Term Care Facilities (STCFs).

The Division anticipates a full evaluation of program outcomes per the Supportive Housing QCMR process, in addition to consumer satisfaction and continued community tenure. Successful applicants must agree to participate in and respond to data requests and evaluation protocols from the Division as they evolve.

Programs developed pursuant to this RFP will be licensed as supportive housing services and, as such, they must meet the requirements in DMHAS residential regulations (N.J.A.C. 10:37A).

#### **IV. Target Population**

Successful programs must meet the supportive housing needs of adults diagnosed with a serious mental illness whose homelessness or imminent risk of homelessness may lead to hospitalization and who cycle in and out of acute care services as noted above. It is common for such individuals to be admitted to a state psychiatric hospital for an extended period of time to stabilize psychiatric conditions. Once hospitalized, discharge is difficult because the individual may not have stable housing in the community.

Individuals eligible for services through this funding may have challenging behaviors related to frequent homelessness and untreated mental illness. This may include a history of non-engagement with services, active substance abuse, and lack of financial benefits and other support systems. Some may have co-existing medical conditions that remain untreated due to lack of physical health services.

Housing opportunities and program design will demonstrate the principles of supportive housing including lease-based or similar occupancy agreements that prohibit removal due to lack of service participation or hospital admission. Preservation of housing is primary and recognized as essential to overall wellness and recovery. The housing setting will provide private bedrooms, comfortable living space, and adequate kitchen and bathroom facilities.

The overall service focus will demonstrate the development of skills and supports that promote community inclusion, housing stability, wellness, recovery, and resiliency. Other areas to be addressed are illness management, socialization, work readiness and employment, peer support, and other skills that foster increased self-direction and personal responsibility for one's life. Consumers in the proposed service are expected to be full partners in identifying and directing the types of support activities that would be most helpful to maximize successful community living. This includes use of community mental health treatment, medical care, self-help, employment and rehabilitation services, and other community resources, as needed and appropriate.

Staff support is provided through a flexible schedule that is adjusted as consumer needs or interests change, up to and including 24/7 support. The supportive housing model encourages consumer use of community mental health resources, self-help, and employment and rehabilitation services, as needed and appropriate.

Applicants must include their rationale for choosing a particular housing model, including how the model is intended to meet the needs of consumers and promote community inclusion, independence, wellness and the individual's recovery process. In order to avoid duplication of effort, individuals who will be served by PACT (Program for Assertive Community Treatment) are not eligible for supportive housing services under contracts awarded pursuant to this RFP. ICMS may refer individuals to the Supportive Housing Program as part of their role to link consumers to community based services. Upon a consumer's enrollment in a supportive housing program funded under this initiative, ICMS will terminate services.

## **V. Service Outcome Requirements**

Supportive Housing services should be consumer driven and centered, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation and appropriate use of mental health and primary health care services.

The Division will fully evaluate program outcomes, which may include consumer satisfaction, continued tenancy, outcomes related to medical conditions, and achievement of identified wellness and recovery related goals. Successful applicants will be expected to participate and respond to data requests.

## **VI. Housing Model and Supportive Housing Approach**

All housing developed must demonstrate key principles of supportive housing:

- a) Lease-based or occupancy agreement to promote tenant rights;
- b) Housing promotes community inclusion, normalization, and independence;
- c) Services are available yet provided in a flexible, individualized manner, and
- d) Services are available but not mandated as a stipulation to maintain housing, with service providers actively seeking engagement and relationship building/strengthening especially during times when the consumer may be ambivalent or reluctant.

The proposed housing model and service delivery schedule may vary, but must be designed to provide support to consumers 24 hours a day, 7 days a week, as needed. Preference will be given to proposals describing the development of dedicated permanent housing opportunities (facilities).

Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities that are already available, and to other similar projects already under development.

## **VII. Allowable Housing-related Costs**

Funds through this announcement are available for both support services and housing costs. Housing operating costs must be detailed separately in the budget. If capital or operating funds are being provided from a source outside of DMHAS, please include documented evidence to that effect.

While rental assistance may be either tenant-based or project-based, project-based rental assistance models are strongly preferred. Consumer rents cannot exceed the designated Fair Market Rent for both location and type of unit; or exceed the net operating costs of the housing project. Capital funding is not available from the DMHAS.

Any applicant who states his/her intent to use a project-based subsidy model without demonstrating that long term access (5 year lease agreements) to affordable housing has been secured will not be eligible for consideration.

## **VIII. Funding Availability**

This RFP makes available \$978,571 on an annualized basis, to serve 50 adults diagnosed with a serious mental illness who are at imminent risk of hospitalization and are homeless or at risk of homelessness; and who cycle in and out acute care services including designated screening services, emergency rooms or inpatient services. Priority consideration will be given to those agencies that have already leveraged capital funding and have the ability to place consumers into new supportive housing units as quickly as possible. Please note that the approximate cost to the DMHAS per bed in this initiative

is \$19,500 (inclusive of subsidy if needed). The DMHAS does reserve the right to decide not to fund a project if the cost per bed exceeds this amount precluding the DMHAS from making awards that will create at least 50 beds through this initiative.

## **IX. Provider Qualifications**

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

- a) The applicant must be a fiscally viable for-profit or non-profit corporation or a government entity, and must document experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.
- b) The applicant must currently meet DMHAS residential licensing standards as set forth in N.J.A.C. 10:37A-1.1, et seq., or be capable of meeting such standards were a contract to be awarded.
- c) The applicant must be able to demonstrate experience and success in providing housing and supportive services in lease-based housing settings to the targeted mental health consumer population described in this RFP.
- d) The applicant must be willing to work in partnership with the DMHAS to identify those consumers who will be served by these services.
- e) The applicants must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) at the following web address:  
[http://dhs.state.nj.us/humanservices/ocpm/contract\\_manuals.htm](http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm)
- f) Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.
- g) The applicant must be duly registered to conduct business in the State of New Jersey.
- h) Providers providing new housing development must comply with P.L. 2009 c.335 regulations.
- i) For-profit organization must sign and date, P.L. 2005, Chapters 51, 271 and Executive Order 117, available upon request.
- j) N.J.S.A. 52:34-13.2, Certification, Source Disclosure Certification form (formerly Executive Order 129) (signed and dated).

- k) Documentation of the Applicant's NJ Charitable Registration.
- l) Documentation of the Applicant's Certification of Employee Information Report.

## **X. Clustering, Incentives and Fiscal Consequences Related to Performance**

Programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Contract commitment will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in termination of the contract.

Operating expenses for supportive housing services will be awarded no earlier than three months prior to implementing service provision/occupancy. Should occupancy be delayed, through no fault of the service provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the Division be required to continue funding when service commencement commitments are not met and in no case shall funding be provided for a period of non- or incomplete occupancy in excess of 3 months. Should occupancy not be achieved, and consequently, services are not rendered, funds provided pursuant to this agreement shall be returned to the Division.

## **XI. Requirements for Submission**

Proposals must address the following:

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package.
2. **Indicate the number of consumers that will be placed into new permanent supportive housing units as a result of this initiative.**
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable).**
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.**
  - Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc.



5. **Please indicate the supportive housing services that will be provided with funding from this RFP, and which services will be arranged for elsewhere through other sources.**

6. **How will physical and behavioral health care needs (i.e. those listed below) be addressed by your Supportive Housing program?**

- Challenging behavior (including denial of mental health and/or substance abuse issues)
- Catastrophic illness
- Hepatitis
- Diabetes with difficulties self administering insulin/blood checks
- Obesity
- High Blood Pressure
- Ambulation Impairment
- Anger management
- Fixed delusions
- Cognitive impairment (or brain injury)
- Metabolic Syndrome
- Legal issues
- Resistance to services

7. **How will your Supportive Housing program promote/encourage Community Integration?**

Supportive Housing services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services.

8. **How will Wellness & Recovery be addressed?**

9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve (and in what time period) if additional rental subsidies and one-time funds are provided.**

- Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.

10. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc).**

- Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the

respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development.

**11. Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc).**

**12. Municipality (ies)/County (ies) where housing will be located**

**13. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available?)**

- Purchased properties and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, a letter from the landlord with a promise of a five-year lease agreement for the units must be included.

**14. Provide a detailed monthly timeline of activities from award notification, to engagement and placement of the target population.**

**15. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons.**

**16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change.**

**17. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service will one client get per week at start-up.**

**18. Describe your experience and success in providing supportive services to, and/or development of housing opportunities for, mental health consumers in the community.**

**19. Statement of Assurances signed by Chief Executive Officer (Attachment C).**

**20. Signed Debarment Certification (Attachment D)**

Applicants who do not currently contract with the Division must also include the following:

- a. Organization history including mission, and goals.
- b. Overview of agency services.
- c. Documentation of incorporation status.
- d. Agency organization chart.
- e. Agency code of ethics and /or conflict of interest policy.
- f. Most recent agency audit.

- g. Listing of current Board of Directors, officers and terms of each.
- h. Documentation that agency meets qualifying requirements for DHS program contract.
- i. Current Agency Licensure/Accreditation Status

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

## **20. Budget Requirements**

A program budget with the following characteristics must be submitted:

- a. Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template which will be e-mailed based on the attendance list from the Bidders' Conference. The budget must be presented in three clearly labeled separate columns:
  - i. One to show the full annualized operating costs and revenues excluding one-time costs;
  - ii. One to show only the one time costs; and
  - iii. One to show the phase-in amount excluding one-time costs.
- b. Phase-in budget figures must be based on the date that the applicant proposes to commence services through the point in time at which services are fully operational. Phase-in and annualized budgets must show and project all expected revenues and explain assumptions of the methodology used to determine projections. The budget must also include funding needed to support rental subsidy costs (if applicable).
- c. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: <http://dhs.state.nj.us/humanservices>. The Contracting Manuals' link is available from the webpage sidebar.
- d. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Please provide Budget Notes if you believe such notes would assist the reviewers. Enter notes, to the maximum extent possible, on the budget template file itself.
- e. Include name and addresses of any organization providing support other than third party payers.
- f. If the proposal includes programs for more than one County, it will be necessary to organize your annualized budget and start-up budget with separate columns (cost centers) for each applicable County.

- g. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
- h. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
- i. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
- j. If applicable, General & Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit your G & A expense projection to "new" G & A only.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. Should such reimbursement become available in the future, awarded programs will be required to enroll in the Medicaid program, bill for all covered services for all covered individuals, and apply such revenue to their Supportive Housing program. DMHAS support will then be commensurately reduced.

- k. Provide written assurances that if your organization receives an award pursuant to this RFP:
  - i. The program will seek Medicaid reimbursement when such reimbursement becomes available.
  - ii. Maintenance of effort statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and the award will not fund or replace existing services.

### **XIII. Mandatory Bidders' Conference**

All applicants intending to submit a proposal in response to this request must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered.

**DATE:** October 6, 2011

**TIME:** 10 AM to noon.

**LOCATION:** 222 South Warren Street, 1<sup>st</sup> Floor  
Conference Room, Trenton, NJ 08625

Agencies intending to submit proposals are encouraged to confirm their attendance with Diana Gittens, Office of Housing, Policy, Planning and Evaluation at 609-777-0708, no later than two days prior to the Bidders Conference.

#### **XIV. Submission of Proposal**

All proposals are due to the offices below no later than 4:00 PM, November 3, 2011. Submit your proposal in a single file PDF format via email to [Cathy.Boland@dhs.state.nj.us](mailto:Cathy.Boland@dhs.state.nj.us). Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. Six copies of the proposal narrative and budget with an original signature must be submitted to the attention of Ms. Boland no later than 4:00 pm, November 3, 2011, at the following address:

Division of Mental Health and Addiction Services  
Capital Center, 50 E. State Street  
PO Box 727  
Trenton, NJ 08625

**Four hard copies and an electronic version of the proposal shall also be submitted to the County Mental Health Administrator(s) for the county(ies) in which you are proposing to develop housing.**

Additionally, as noted in Section XI, the completed budget template file must be submitted as an e-mail attachment to Joel Boehmler at [Joel.Boehmler@dhs.state.nj.us](mailto:Joel.Boehmler@dhs.state.nj.us) and Susanne Rainier, Chief of the Bureau of Contract Administration at [Susanne.Rainier@dhs.state.nj.us](mailto:Susanne.Rainier@dhs.state.nj.us).

#### **XV. Review of Proposal and Notification of Preliminary Award**

There will be a review process for all timely-submitted proposals that meet all the requirements outlined in this RFP.

DMHAS will convene an RFP review committee to review and score proposals submitted in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices, DMHAS Central Office, DMHAS state hospital staff, and the DMHAS Bureau of Contracts Administration.

DMHAS recognizes the invaluable perspectives and knowledge that consumers, family members, and County Mental Health Boards possess regarding psychiatric services. Input from these groups are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. County Mental Health Boards should review proposals and provide the Division with their recommendations and comments by no later than November 25, 2011. This input will be incorporated into the final deliberations of the review committee. Recommendations are to be submitted to Cathy Boland, Division of Mental Health and Addiction Services at the email or mailing address listed in Section XIV of this RFP.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHAS will notify all applicants of preliminary award decisions by December 15, 2011.

## **XVI. Appeal of Award Decisions**

Appeals of any determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than December 22, 2011. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

**Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
Capital Center  
50 East State Street  
PO Box 727  
Trenton New Jersey 08625-0727**

Please note that all costs incurred in connection with any appeals of DMHAS decision are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final funding decisions by January 12, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decision rendered.

**PROPOSAL COVER SHEET**  
**(Must precede all pages submitted with Proposal)**

\_\_\_\_\_  
Date Received

**STATE OF NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES (DMHAS)**

Name of RFP \_\_\_\_\_

Incorporated Name of Applicant: \_\_\_\_\_

Type: \_\_\_\_\_

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_, or Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Contact (name/title): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated clients to be served: \_\_\_\_\_

County in which housing and services are to be provided \_\_\_\_\_

Authorization: Chief Executive Officer: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment B

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.



## Attachment C

### **Department of Human Services Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

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Applicant Organization  
Equivalent

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Signature: Chief Executive Officer or

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Date

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Typed Name and Title

6/97

Attachment D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility, and  
Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.